

BR

COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none">■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.■ Print your name and address on the reverse so that we can return the card to you.■ Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: 08 CR 234		B. Received by (Printed Name)	C. Date of Delivery
Southern District of Mississippi Mr. J. T. Noblin, Clerk United States District Court Post Office Box 23552 Jackson, MS 39225-3552		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No 08 CR 234	
2. Article Number (Transfer from service label) 7006 2150 0005 2036 0081		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

PS Form 3811, February 2004 Domestic Return Receipt 102506-02-M-1540

FILED
APR - 8 2008 YM
APR 8 2008
MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT